PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

Application or Docket Number

10710600

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE O			OTHER THAN	
TOTAL CLAIMS			8					RATE	FEE]	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00
TC	TAL CHARGE	ABLE CLAIMS	8 mir	nùs 20=.	• ,0	۲.		XS 9=	_	OR	XS18=	
	DEPENDENT C		3 minus 3 = 5					X43=	. —	OR	X86=	
ML	ILTIPLE DEPEN	NDENT CLAIM P	RESENT					+145= '	-	OR	+290=	·
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL	382-09	OR	TOTAL	
Pai	CLAIMS AS AMENDED - PART II Pre Amet. (Column 1) (Column 2) (Column 3)						:	SMALL	ĖNTITY	OR	OTHER SMALL I	
AMENDMENT A	01/27/67	CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	- 20	Minus	· 2	0	- /		X\$ 9=		OR	X\$18=	
	Independent	. 3	Minus	*** 3	<u>.</u>	- /		X43=		OR	- X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							1	+145=		OR	+290=	
							L	TOTAL		OR	TOTAL ADDIT, FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER ' JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	••		=		X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF MU	Minus	ENDENT	CLAIM	= .		X43=.	•	OR	:X86=	·
	rinoi rhese	INTATION OF MIC	LIPLE DEF	ENDENT	CLANAI		' [+145=		OR	+290=	
							A.	TOTAL DDIT. FEE		OR ,	TOTAL ADDIT. FEE	
	<u> </u>	(Column 1) CLAIMS	·	(Colum		(Column 3)	-	· · · · · · · · · · · · · · · · · · ·				
AMENDMENT C		REMAINING AFTER AMENDMENT	•	NUMB PREVIO PAID F	IER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	•	Minus	***		. .	 -	X43=			X86=	
٩	FIRST PRESE	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								OR		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								+145=		OR	+290=	
••• 1	the "Highest Nur	mber Previously Pa mber Previously Pa mber Previously Pa	id For IN THIS	SPACE is	less that	20, enter "20."	A	TOTAL DDIT. FEE		OR,	TOTAL ODIT. FEE	
		ber Previously Paid					r toun	d in the app	ropriate box	in col	umn 1.	: